



05-06-03

1635

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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

Application Number	09/801,371
Filing Date	March 7, 2001
First Named Inventor	Kaempfer et al.
Group Art Unit	1635
Examiner Name	Brian Whiteman

Attorney Docket Number A34084-PCT-066031.0147

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	PTO FORM 1449
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

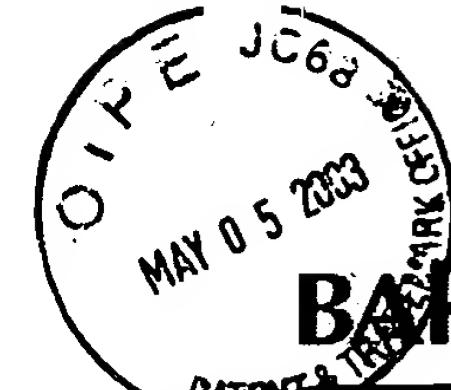
*RECEIVED  
MAY 09 2003  
TECH CENTER 1600/2900***SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112		
Signature		Att Name:	Alicia A. Russo
Date	May 5, 2003		
PTO Reg:	46,192		

**EXPRESS MAIL**I hereby certify that this correspondence is being sent Express Mail to:  
Commissioner for Patents, Alexandria, VA 22313 on this date:

May 5, 2003

Typed or printed name	Alicia A. Russo		
Signature		Date	May 5, 2003



**BAKER BOTTS LLP**

# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** **645**

## Complete if Known

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Examiner Name	Brian A. Whiteman
Art Unit	1635
Attorney Docket No.	A34084-PCT-USA-A-066031.0147

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account Number **02-4377**  
Deposit Account Name **Baker Botts LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee required under 37CFR 1.16 and 1.17  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375			Utility filing fee	
1002 330	2002 165			Design filing fee	
1003 520	2003 260			Plant filing fee	
1004 750	2004 375			Reissue filing fee	
1005 160	2005 80			Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(\$)</b> <b>0</b>			

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			- 20 = 0	X 0 = 0	
			- 3 = 0	X 0 = 0	

### Large Entity

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9			Claims in excess of 20
1201 84	2201 42			Independent claims in excess of 3
1203 280	2203 140			Multiple dependent claim, if not paid
1204 84	2204 42			** Reissue independent claims over original patent
1205 18	2205 9			** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$)</b> <b>0</b>		

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	465
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	180
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** **(\$)** **645**

(Complete if applicable)

SUBMITTED BY				
Name (Print/Type)	Alicia A. Russo	Registration No. (Attorney/Agent)	46,192	Telephone 212-408-200
Signature	<i>Alicia A. Russo</i>		Date	May 5, 2003